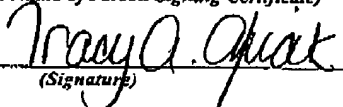
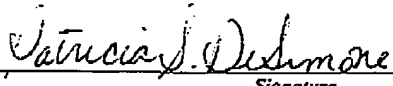



CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. 136138-1
Applicant(s): Gallucci, et al.			
Application No. 10/672,705	Filing Date September 26, 2003	Examiner Hampton	Group Art Unit 1711
Invention: POLYIMIDE SULFONES, METHOD AND ARTICLES MADE THEREFROM			
			RECEIVED CENTRAL FAX CENTER JAN 05 2005
I hereby certify that this <u>Amendment Transmittal Letter (1 page) and Amendment (15 pages)</u> (Identify type of correspondence) is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9306</u>) on <u>January 5, 2004</u> (Date)			
Tracy A. Axiak (Typed or Printed Name of Person Signing Certificate)  (Signature)			
Note: Each paper must have its own certificate of mailing.			

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 136138-1	
Applicant(s): Gallucci, et al.						
Application No. 10/672,705	Filing Date September 26, 2003	Examiner Hampton	Customer No. 23413	Group Art Unit 1711	Confirmation No.	
Invention: POLYIMIDE SULFONES, METHOD AND ARTICLES MADE THEREFROM						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	65 -	65 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	4 -	4 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 07-0862 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Patricia S. DeSimone Registration No. 48,137 Customer No. 23413 Phone No. (860) 286-2929			Dated: January 5, 2005			
cc:			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" (37 CFR 1.8(a)) on January 5, 2005 (Date)			
			 Signature of Person Mailing Correspondence			
			Tracy A. Axlak (via facsimile)			
			Typed or Printed Name of Person Mailing Correspondence			

JAN 05 2005

136138-1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Gallucci, et al.)
Serial No.: 10/672,705) Group Art Unit: 1711
Filed: September 26, 2003)
For: POLYIMIDE SULFONES, METHOD) Examiner: Hampton
AND ARTICLES MADE THEREFROM)

VIA FACSIMILE: (703) 872-9306
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE

Sir:

This Amendment is submitted in response to the Office Action dated November 16, 2004. Please reconsider the application in light of the following remarks.